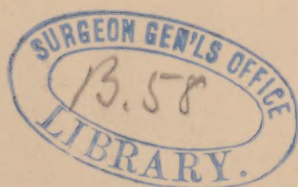


Chadwick (gas. R.)

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SPASMODIC TURGESCECE OF CLITORIS.

By JAMES R. CHADWICK, M. D., Boston, Mass.

[REPRINTED FROM THE AMERICAN PRACTITIONER FOR JULY, 1877.]



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February 25, 1876. Mrs. E. R., twenty-nine years of age; has been married ten years; has had one child and two miscarriages, the last of these having occurred accidentally one year ago. The catamenia, which formerly lasted three days, have recently become scant, and last but one day.

The patient is very stout, being only four feet eleven inches in height, and weighing two hundred pounds. She runs a machine for the sewing of carpet and cloth slippers, which is propelled by steam power. Until steam was introduced, she suffered constantly from "womb troubles."

She seeks relief from frequent micturition, and more especially from spasmodic pains that start at the vulva and run into the cavity of the pelvis. Of late these have commenced almost every evening between seven and twelve o'clock, and have persisted with scarcely any intermission until four in the morning. They have occasionally occurred during the day. They have sometimes been excited by coition, sometimes by micturition, and often start spontaneously. The suffering is very intense, entirely banishing sleep.

On examination the uterus was found to be in normal position, to be slightly elongated, to have a tender fundus and a congested cervix. There was no tenderness of the urethra or bladder. Tinct. hyoscyami, thirty drops, was prescribed three times a day, to allay vesical irritability. Coition, which had been practiced every night for several months, was interdicted oftener than once a week.

March 20. Micturition less frequent, but the other symptoms unrelieved. A careful visual examination was made to discover any excoriation, hypertrophied papillæ, or even injected spot which might give rise to the symptoms by reflex action, since the patient complains of a sore spot. Nothing, however, was found until I touched the point of the clitoris, which of course I had at first designedly avoided. She immediately exclaimed at the tenderness, while my attention was drawn to the instantaneous contraction of the introitus vaginæ. Seeking to explain this latter phenomenon, I found it was due to the sudden turgescence of the bulbs of the clitoris, which, as is well known, lie along the lower margins of the ischio-pubic rami. Contrary to my expectation, there was no contraction of the sphincter vaginæ. The sensation to the patient was decidedly painful, and precisely the same as the first pains felt at each of the spasmodic attacks. She said at once, "that is the way my attacks begin." Subsequently the spasmodic pains were said to be felt throughout the vagina, running up into the abdomen.

Having recently had very satisfactory experience with the use of bromide of potash, to allay erotic sensations in cases of masturbation among women, I prescribed ten grains to be taken when the attack commenced, and the cold vaginal douche twice daily.

March 24. The patient reported having had a very severe attack, during which, in the course of five hours, she had taken seven doses of the bromide without relief. I ordered fifteen grains to be taken three times a day regularly.

July 14. The patient returns to report entire relief from the distressing pains having ensued after two days, during which

the bromide of potash had been taken as ordered. They have not since recurred. The frequent micturition, of which complaint is again made, seems to be due to the pressure of the congested uterus upon the bladder. A touch upon the tip of the clitoris still induces turgescence of the bulbs, but is no longer accompanied with pain.

I report this case, because I can find no other on record in which such spasmodic pains have been traced to the clitoris as their starting-point. The tenderness of the apex of the clitoris was not so great, nor the momentary spasm so severe, as to indicate so distinct a reflex character as is usually found in vaginismus.

In ordinary vaginismus the spasmodic contraction of the muscular walls of the vagina follows immediately upon the local irritation produced by the finger, speculum, male organ, etc., and persists only a short time after the source of the irritation is removed. In my patient, the peripheral origin of the spasms seemed less manifest. The attacks came on with darting pains clearly connected with spasmodic erections of the clitoris; these gradually increased in intensity until the whole vaginal tract, and, for all I know, the uterus and fallopian tubes, participated in the spasmodic action. They were sometimes excited by local irritation (micturition or coition), and often occurred idiopathically. They always persisted for hours.

Notwithstanding the prominence I have given to the above divergencies from the ordinary type of vaginismus, I still assume that the excessive venery to which my patient had been addicted for several months was the origin of the neurosis as well as of the uterine congestion.

The relief derived was distinctly attributable to the bromide of potash *in the continued doses*. She was no better for several weeks during which sexual intercourse had been reduced to reasonable limits, and the medicine was taken only at the commencement of and during the attacks. This result tallies perfectly with my experience of this drug for the purpose of

diminishing or even completely banishing erotic sensations, while the habit of self-abuse in women is broken up.

It will be remarked that I have assumed the spasmodic contractions of the vaginal walls, never having seen the patient during an attack. I believe this to be justified by the data on which the diagnosis has been based, although I consider the disease to have its seat in the nerves. This assumption only establishes an analogy between this case and cases of facial neuralgia accompanied with twitching of one or another of the facial muscles that is under the influence of the nerve affected. This view brings the disease into the class of vaginal neuralgias imperfectly described by Vidal de Cassis, Simpson and others. I have preferred, however, to retain the title *vaginismus*, for the purpose of associating the case with the most common manifestations of the disease.

Finally, it must always be borne in mind that painful coition is not, in most instances, *vaginismus*; hence, the term *dyspareunia*, recently proposed by Dr. Barnes, must obtain a footing in our nosology, unless a better one be proposed.

W. W. W.

